Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Shids	356221 y Area Code (SAC)	
	[[[[[[[[[[[[[[[[[[[le a certification form for each SAC through which it provides Lifeline service).
	Iowa	Allamakee-Clayton Electric Cooperative, Inc.
State		ETC Name
DBA (If sam	, Marketing or Other Branding Name ne as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a determine	d in accordance with Section 3(2) of the Communica outrols, is owned or controlled by, or is under comm	Cs? Yes X No Care ETC, using page 4 and additional sheets if necessary. Affiliation shall be attions Act. That Section defines "affiliate" as "a person that (directly or indirectly) on ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
	ed ETC's SAC	Affiliated ETC's Name
Affiliate		

comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D .	$\mathbb{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
0	0	0	0	0

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
0	0	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M ≈ (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
0	0	0

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the	ETC	Pre-Paid?	Yes 🔲	No X
				A TWO BANKS

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	196 (SEA 1964 CO. 196
March	250000 An es
April	
May	1
June	
July	idensi ().
August	
September	32 - San 22
October	
November	# - 2
December	
Total Subscribers	

Signature Block

	ove is in compliance with all federal Lifeline certification bove. I am authorized to make this certification for the
Signed D Foxust	Paul Foxwell Executive V.P. and General
Signature of Officer pfoxwell@acrec.coop	Printed Name and Title of Officer Manager January 28, 2016
Email Address of Officer David Decker	Date (563) 864-7611
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

SAC		Name
-	356220	Allamakee-Clayton Electric Cooperative Allamakee-Clayton Electric Cooperative Allamakee-Clayton Electric Cooperative
-	356222	Allamakee-Clayton Electric Cooperative
	356223	Allamakee-Clayton Flactric Cooperative
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